

New Volunteer Check-In List Veterans Health Care System of the Ozarks

Volunteer Number Assigned by Computer:
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Name: _____

1. Why do you want to volunteer? _____

2. How long do you plan to volunteer? _____
3. Can you come at least once a week consistently? _____
4. Will you have class/schedule conflicts? _____
5. What's your major and what year are you? _____

FOR OFFICE USE ONLY

Required Items	Date Requested	Date Completed
New Volunteer Orientation		
Statement of Commitment		
Fingerprints & ID Badge		
1 ST TB Skin Test or chest x-ray		
2 ND TB Skin Test or chest x-ray		
Parking Sticker (Fayetteville Only)		
Load Edit in VistA		
PIV		
Computer Access Forms (as required)		
Job Description/Competencies required for:		
Computer Access	Specialty Clinic	
Emergency Department	Escort	
Pharmacy	NVDA	
Vital Signs	Ward 2A/2B Assistants	
Concierge/Concierge Escort	Physical Therapy	
MRI	Employee Health	
Outpatient Surgery		
DAV Van Drivers:		
Physical		
Copy of Insurance Card, DL & Safe Driving Certificate		
Government Motor Vehicle Use MCM 138-5		
Orientation to DAV Vans (completed form)		
Fleet Card and Trip Ticket Training		

Assignment : _____

Day/Time: _____



Application for Voluntary Service
Veterans Health Care System of the Ozarks
Fayetteville, Arkansas

The information requested on this form is solicited under the authority of Title 38, United States Code, Section 213 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

PLEASE PRINT

Date: _____

Name: _____
First Full Middle Last

Maiden Name and/or other names used: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____ Sex: M / F

Telephone: (_____) _____ Email Address: _____

Emergency Contact: _____ Telephone: (_____) _____

Physical Limitations: _____

Organization(s): _____

Days & Times Available to Volunteer: _____

Volunteering Interests: _____

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I am entitled. (Note: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

I understand that I will be fingerprinted for a background check.

(Volunteer's Signature & Date)

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic assignment orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager – Appointing Official Signature

Date



Statement of Commitment and Understanding For Volunteers

As a volunteer for the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees, applicants, and volunteers have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I will complete the training outlined above and am committed to safeguarding personal information about veterans and their families, VA employees and applicants, and volunteers.

[Print or type volunteer name]

Volunteer Signature

Volunteer
Position Title

Date



Department of Veterans Affairs

TRAINING COURSE RECORD

STATION
564 VHSO

PAGE NO.
1 of 1

Pages

TITLE OF COURSE

New Volunteer Orientation (includes HIPAA and Cyber Security Training)

NAME OF INSTRUCTOR
Chief, Voluntary Service

PERIOD COVERED
of

TRAINEES

PLEASE PRINT ON LINE 1

PRINT: LAST NAME, FIRST NAME, MI

ORGANI-
ZATIONAL
UNIT

SOCIAL SECURITY #

PRINT FULL SS#

HOURS

RATING

SIGNATURE

SIGN YOUR NAME
ON LINE 1

1)

I agree I have been trained on the following:

Welcome; AIS Security; Annual Evaluations and

Competencies; Cultural Diversity; Emergency

Preparedness; Generation/Population Specific;

Gifts & Donations; HIPAA and VHS Privacy Policy;

Background Check & Fingerprinting; History of

VHSO; Infection Control; JC & Sentinel Events;

Miscellaneous Do's and Don'ts; Mission, Vision &

Core Values; Orientation; Patient Abuse; Reporting

a Fire; Rules & Ethics; Services & Benefits; Sexual

Harassment; Statement of Commitment; TB Skin

Test & Flu Shots; Time & Attendance; Utility

Management; VHSO & CBOC Telephone Numbers;

VAVS Affiliated Veterans Service Orgs; Violence

in the Workplace; Volunteer Qualities; Volunteer

Transportation Network; Wheelchair Procedures

*Enter applicable codes:

A - Absent,

E - Excused,

L - Late,

P - Present,

W - Withdrawal,

**Enter applicable codes:

S - Satisfactory,

U - Unsatisfactory.

Human Resources PIV Data Form

This information is used by Human Resources to obtain your fingerprints for background check and to capture photo for Identification Badge.

You MUST use your legal name. Please PRINT clearly.

First Name	Middle Name	Last Name	Alias (Maiden Name & All Other Names Used)	
Date of Birth	Jr., Sr. II, III, IV, V	Social Security Number	Place of Birth (City & State)	
Gender (circle one) Male Female	Race (circle one) American Indian or Alaskan Native Asian or Pacific Islander Black-non-Hispanic Hispanic White-non-Hispanic	Weight: Height:	Eyes(circle one) Black Blue Brown Green Gray Hazel	Hair(circle one) Black Blonde Brown Gray Red White None
Current Address (No PO Boxes):	Citizenship:			